



ARLINGTON POLICE Department

Citizen's Police Academy Application

Please Print

NAME (<i>last, first, m.i.</i>):	
ADDRESS:	
PHONE:	EMAIL ADDRESS:
DATE OF BIRTH:	PLACE OF BIRTH:
DRIVER'S LICENSE OR SOCIAL SECURITY NUMBER:	
OCCUPATION:	
ARE YOU OKAY WITH BEING PHOTOGRAPHED FOR SOCIAL MEDIA?	

I hereby certify that all statements made by me are, to the best of my knowledge, true and accurate. I hereby authorize the Arlington Police Department to conduct whatever records searches are necessary to determine my status as a criminal offender including a search of the records of the Department of Criminal Justice Information Services.

Print Name _____ Date: _____

Sign Name _____

Please fill out and sign all forms attached and return to the front desk officer at 112 Mystic Street, Arlington or email to CNahigian@town.arlington.ma.us. Seats are limited.

On the back of this sheet please briefly explain why you would like to participate in the Citizen's Police Academy and what you hope to learn. Also feel free to explain any life experiences or special skills that you think would add to the experience of the other students if you were selected to participate.

ARLINGTON POLICE DEPARTMENT

Juliann Flaherty
Chief of Police



POLICE HEADQUARTERS
112 Mystic Street
Telephone 781-316-3900

Town of Arlington
MASSACHUSETTS 02474

RELEASE

I, _____, in consideration of the Town of Arlington authorizing me to accompany police personnel in Town of Arlington police cars do hereby for myself, heirs, and assigns release, discharge and indemnify the Town of Arlington and all of its employees and agents from any liability in tort or in contract for any personal injury or property damage that I might incur as a result of my presence in an Arlington police car or as a result thereof.

CONFIDENTIALITY NOTICE: I understand that anything I see or hear during the ride-along is confidential information belonging to the Arlington Police Department, protected by disclosure laws and may not be discussed outside that agency. **INITIAL** _____

Witness my hand and seal this _____ day of _____, 201__.

Signed _____

Witness Signature _____

TO BE COMPLETED BY AUTHORIZING OFFICER:

Officer Assigned _____ Date Assigned _____

Authorized by _____

"Proactive and Proud"